

Washington University, Washington, DC.

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INDIAN HEALTH CARE AMENDMENTS OF 1984

SPEECH OF

HON. JOHN MCCAIN

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Friday, September 14, 1984

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 4567) to reauthorize and amend the Indian Health Care Improvement Act, and for other purposes.

● Mr. MCCAIN. Mr. Chairman, I am pleased to rise in strong support of H.R. 4567, the Indian Health Care Amendments of 1984.

As the distinguished chairman of the Interior Committee has stated, this legislation has been the subject of extensive hearings in three committees of the House and Senate over the past 2 years.

The record of those hearings shows that substantial progress has been made in the status of Indian health as a result of the programs and efforts established under the Indian Health Care Improvement Act of 1976 and the 1980 amendments to it.

The record also shows that Indian health continues to lag well behind that of the general population. Indeed, recent statistics indicate that on more than half the 265 reservations in the continental United States and in Alaska Native villages, native Americans are 40 to 60 percent deficient in terms of their access to a standard measure of health care resources. In my State of Arizona, with its large Indian population, 17 of 20 reservations rate a 40 to 60 percent deficiency.

The Indian health scholarship programs of the 1976 act have enabled hundreds of young Indians to obtain education and skills in various health professions. Many now work on or

near reservations in IHS facilities. Many more are needed, however, to eliminate shortages of health professionals that are common to IHS facilities, especially in remote reservation areas.

As a result of title II appropriations, many health service backlogs for surgeries, such as for otitis media, an inner ear disease, and the incidence of such diseases as tuberculosis, have been eliminated or reduced. However, statistics reveal Indian people continue to suffer from a variety of environmentally related diseases and other afflictions at rates well above those of the general population. Alcoholism, which is an economic and social problem as well as a health problem, remains the scourge of Indian society.

Since 1976 more than a dozen IHS hospitals have been upgraded to meet JCAH accreditation standards. Several new Indian hospitals and clinics have been built. Other facilities have been modernized, repaired, and staffed with medicare and medicall funds available to IHS as a result of the 1976 act. Despite these improvements, 9 of 48 IHS hospitals still are unable to meet accreditation standards, and many of the more than 200 IHS health stations and clinics are understaffed and/or located in substandard structures.

In urban areas, where roughly half of all native Americans now live, Indians have experienced considerable difficulty gaining access to health care. Under the 1976 act, 37 urban clinics provide a wide range of direct and indirect care and help Indians obtain access to existing health care resources. In Phoenix, as in other cities, the Urban Indian Program does yeoman work in meeting the needs of so-called urban Indians.

If we are to achieve the goals of the 1976 act—to raise the health status of Indian people to a level of parity with the general population and to increase Indian involvement in their health care system—then Congress has a duty to continue the efforts begun under the Health Care Improvement Act. That is the purpose of the legislation before us.

H.R. 4567 is a sound, fair, reasonable bill that represents a responsible effort to fulfill this Nation's legal and moral obligations to improve the health of Indian people. It enjoys bipartisan support in this House and in the other body. It has unanimous support from Indians and Indian tribes around the country. The administration, with some objections to particular provisions, supports reauthorization. H.R. 4567 is good legislation and I urge my colleagues to support it.●

KEEP THE CIA ACCOUNTABLE: VOTE "NO" ON H.R. 5164

SPEECH OF

HON. RICHARD L. OTTINGER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, September 17, 1984

● Mr. OTTINGER. Mr. Speaker, I rise to commend the efforts of my friend and colleague from New York, Mr. Weiss, to inject some necessary clarity into the debate on exempting the CIA from certain Freedom of Information Act reviews. I join him in opposing passage of H.R. 5164.

Clearly, in the interests of national security, some CIA information should not be automatically available for public consumption. The committee makes that point in its report. However, over the past several years there has been an accelerating trend away from public scrutiny and toward Government secrecy in cases of CIA involvement where security interests are not demonstrated, a trend I believe threatens the public's right to know. Classification of CIA documents has become the norm, rather than the exception. Such actions should not be encouraged by legislating indiscriminate protection of classified files.

Most dangerous, this bill seeks to limit scrutiny of even the decision to classify by curtailing the rights of citizens to judicial review of a CIA decision to withhold classified information from release under the FOIA. Why is this necessary? Proponents of the bill claim it will facilitate response to other FOIA requests, ones that do not involve classified operational files, by eliminating the 2-year backlog of requests for classified information. But if judicial review is eliminated, what is to prevent greater and greater amounts of information from being placed in these protected files?

Under current law, the CIA is allowed to protect classified information from FOIA review. But should the requester suspect that some information has been unnecessarily or unjustly classified, a judge may order and conduct a private—in camera—review of the material to determine its sensitivity. As Representative Weiss pointed out, the courts have almost always ruled in favor of the agency in such cases, and there has never been an unauthorized release of documents under this procedure. What can we expect if this right of review is curtailed?

Rather than speeding the FOIA process, we would be sanctioning the classification of materials that in the past have been crucial to the discovery of numerous illegal operations of the CIA, from the domestic surveillance of activists to the mining of foreign ports. It is possible to adjust requirements for access to sensitive material without legislating blanket exemption to an already recalcitrant agency to proceed without public checks. It is an

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The record also shows that Indian health continues to lag well behind that of the general population. Indeed, recent statistics indicate that on more than half the 285 reservations in the continental United States and in Alaska Native villages, native Americans are 40 to 60 percent deficient in terms of their access to a standard measure of health care resources. In my State of Arizona, with its large Indian population, 17 of 20 reservations rate a 40 to 60 percent deficiency.

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